

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

NAIC Group Code 3408, 3408 NAIC Company Code 95849 Employer's ID Number 38-2356288
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated/Organized December 18, 1980 Commenced Business October 1, 1981

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan 48912 517-364-8400
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Jackie Eddy 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
jackie.eddy@phpmm.org 517-364-8407
(E-Mail Address) (Fax Number)

OFFICERS

Scott Wilkerson (President)
Randolph Rifkin (Secretary)
David Vis (Assistant Secretary)

OTHER OFFICERS

Marylee Davis, PhD (Chairperson)

DIRECTORS OR TRUSTEES

Wendell Barron
Martha Bibbs
Richard Bruner
Marylee Davis, PhD
Patrick Gribben, Jr
Dennis Muchmore
Larry Rawsthorne, MD
Randolph Rifkin
Dawn Springer, MD
Dennis Swan
Scott Wilkerson

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Scott Wilkerson President Randolph Rifkin Secretary David Vis Assistant Secretary

Subscribed and sworn to before me this 27 day of February, 2009

a. Is this an original filing? Yes (X) No ()

b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Group subscribers						
NOT INDIVIDUALLY LISTED	1,066,698	252,700	8,584	297,574	297,574	1,327,982
0299997 - Subtotal - Group subscribers	1,066,698	252,700	8,584	297,574	297,574	1,327,982
0299999 - TOTAL - Group	1,066,698	252,700	8,584	297,574	297,574	1,327,982
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13).....	1,066,698	252,700	8,584	297,574	297,574	1,327,982

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
MEDCO PHARMACY REBATES	153,368	106,456	121,273	1,325,444	1,325,444	381,097
0199999 - Pharmaceutical Rebate Receivables	153,368	106,456	121,273	1,325,444	1,325,444	381,097
Claim Overpayment Receivables						
CLAIM OVER PAYMENTS	1,484,246				1,484,246	
0299999 - Claim Overpayment Receivables	1,484,246				1,484,246	
0799999 - Gross Health Care Receivables	1,637,614	106,456	121,273	1,325,444	2,809,690	381,097

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered	424,495	143,662	93,952	58,110	212,280	932,499
0399999 - Aggregate accounts not individually listed-covered	8,419,156	2,849,294	1,863,386	1,152,508	4,210,213	18,494,557
0499999 - Subtotals	8,843,651	2,992,956	1,957,338	1,210,618	4,422,493	19,427,056
0799999 - Total claims unpaid.....						19,427,056
0899999 - Accrued medical incentive pool and bonus amounts						10,407,640

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
PHP SHARED SERVICES	134,083	148,289	204,276	269,677	269,677	486,648	
SPARROW HOSPITAL	4,187	822				5,010	
PHPMM FAMILYCARE	361,985					361,985	
PHPMM TPA	576,450	593,619	612,440	2,248,181	2,248,181	1,782,509	
PHPMM INSURANCE COMPANY	55,195					55,195	
PHYSICIANS HEALTH NETWORK	1,460,183	87,616				1,547,799	
0199999 - Subtotal - Individually listed receivables	2,592,083	830,346	816,716	2,517,858	2,517,858	4,239,146	
0399999 - TOTAL gross amounts receivable	2,592,083	830,346	816,716	2,517,858	2,517,858	4,239,146	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
SPARROW HOSPITAL	SALARIES	771,374	771,374	
PHPMM TPA	INTERCOMPANY TRANSACTIONS	814,642	814,642	
PHPMM INSURANCE COMPANY	INTERCOMPANY TRANSACTIONS	159,662	159,662	
PHP SHARED SERVICES	INTERCOMPANY TRANSACTIONS	1,116,807	1,116,807	
0199999 - Subtotal - Individually listed payables		2,862,485	2,862,485	
0399999 - TOTAL gross payables		2,862,485	2,862,485	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	3,452,808	2.180	41,581	100.000	3,452,808	
3. All other providers						
4. Total capitation payments	3,452,808	2.180	41,581	100.000	3,452,808	
Other Payments:						
5. Fee-for-service	7,435,444	4.695	X X X	X X X		7,435,444
6. Contractual fee payments	147,469,640	93.124	X X X	X X X	67,983,504	79,486,136
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	154,905,084	97.820	X X X	X X X	67,983,504	86,921,580
13. Total (Line 4 plus Line 12)	158,357,892	100%	X X X	X X X	71,436,312	86,921,580

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
UBH		3,452,808	287,734		
9999999 - TOTAL Transactions with intermediaries		3,452,808			

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,252,292		1,076,493		175,800	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,252,292		1,076,493		175,800	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN OF MID MICHIGAN

2. LANSING, MICHIGAN

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	48,801	287	48,514							
2. First Quarter	44,398	268	43,565				565			
3. Second Quarter	43,402	256	42,555				591			
4. Third Quarter	41,581	246	40,726				609			
5. Current Year	40,811	251	39,919				641			
6. Current Year Member Months	513,862	3,053	503,636				7,173			
Total Member Ambulatory Encounters for Year:										
7. Physician	285,423	2,565	278,886				3,972			
8. Non-Physician	144,011	1,213	140,293				2,505			
9. Total	429,434	3,778	419,179				6,477			
10. Hospital Patient Days Incurred	11,255	283	10,517				455			
11. Number of Inpatient Admissions	3,951	224	3,567				160			
12. Health Premiums Written (b)	177,452,379	1,092,255	174,025,733				2,334,391			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	177,452,379	1,092,255	174,025,733				2,334,391			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	158,357,892	1,542,356	154,732,334				2,083,202			
18. Amount Incurred for Provision of Health Care Services	156,688,560	964,459	153,664,406				2,059,695			

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	48,801	287	48,514							
2. First Quarter	44,398	268	43,565				565			
3. Second Quarter	43,402	256	42,555				591			
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Total Member Ambulatory Encounters for Year:										
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9. Total	429,434	3,778	419,179				6,477			
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12. Health Premiums Written (b)	177,452,379	1,092,255	174,025,733				2,334,391			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	177,452,379	1,092,255	174,025,733				2,334,391			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	158,357,892	1,542,356	154,732,334				2,083,202			
18. Amount Incurred for Provision of Health Care Services	156,688,560	964,459	153,664,406				2,059,695			

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31 , Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Accident and Health, Non-affiliates						
39845	48-0921045	01/01/2008	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS 66201	619,646	
0599999 - TOTAL - Accident and Health, Non-affiliates					619,646	
0699999 - TOTAL - Accident and Health					619,646	
0799999 - GRAND TOTAL - Accident and Health					619,646	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account, Non-Affiliates												
39845	48-0921045	01/01/2008	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS 66201	SSL/A/I	2,154,075						
0299999 - Authorized General Account, Non-Affiliates						2,154,075						
0399999 - Total Authorized General Account						2,154,075						
0799999 - Total Authorized and Unauthorized General Account						2,154,075						
1599999 - TOTALS						2,154,075						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8

NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums	2,154	2,350	878	992	1,432
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	619	2,247	753		544
9. Experience rating refunds due or unpaid			27		25
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 10)	62,364,673		62,364,673
2. Accident and health premiums due and unpaid (Line 13)	1,327,982		1,327,982
3. Amounts recoverable from reinsurers (Line 14.1)	619,646		619,646
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	4,834,041		4,834,041
6. Total assets (Line 26)	69,146,342		69,146,342
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,427,055		19,427,055
8. Accrued medical incentive pool and bonus payments (Line 2)	10,407,640		10,407,640
9. Premiums received in advance (Line 8)	1,272,272		1,272,272
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	4,888,748		4,888,748
13. Total liabilities (Line 22)	35,995,715		35,995,715
14. Total capital and surplus (Line 31)	33,150,627	X X X	33,150,627
15. Total liabilities, capital and surplus (Line 32)	69,146,342		69,146,342
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
			6 Totals				
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota							
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U. S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CN						
58. Aggregate Other Alien	OT						
59. Totals							

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
•												
	38-2594856	Physicians Health Network					197,040,274				197,040,274	
95849	38-2356288	Physicians Health Plan of Mid-Michigan					(164,672,475)				(164,672,475)	
11537	36-4497604	PHP of Mid Michigan - FamilyCare					(36,171,395)				(36,171,395)	
	38-3344741	PHPMM - TPA					(9,196,958)				(9,196,958)	
12816	20-5565219	PHPMM Insurance Company					(1,007,165)				(1,007,165)	
	38-1360584	Sparrow Health System					9,078,104				9,078,104	
	38-3361367	Physicians Health Plans Shared Services					4,929,615				4,929,615	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....
.....
.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 360:	
9 5 8 4 9 2 0 0 8 3 6 0 0 0 0 0 0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 2 0 5 0 0 0 0 0	
Document Identifier 205:		
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 2 0 7 0 0 0 0 0	
Document Identifier 207:		
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE:		
Document Identifier 420:		
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 3 7 1 0 0 0 0 0	
Document Identifier 371:		
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 3 7 0 0 0 0 0 0	
Document Identifier 370:		
APRIL FILING		
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		YES
EXPLANATION:		
BARCODE:		
Document Identifier 365:		
16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 3 3 0 0 0 0 0 0	
Document Identifier 330:		
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 2 1 1 0 0 0 0 0	
Document Identifier 211:		
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION:		
BARCODE:	9 5 8 4 9 2 0 0 8 2 1 3 0 0 0 0 0	
Document Identifier 213:		

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule DB - Part E - Verification	SI13
Assets	2	Schedule DB - Part F - Section 1	SI14
Cash Flow	6	Schedule DB - Part F - Section 2	SI15
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule E - Part 1 - Cash	E25
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule E - Part 2 - Cash Equivalents	E26
Exhibit 3 - Health Care Receivables	19	Schedule E - Part 3 - Special Deposits	E27
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20	Schedule E - Verification Between Years	E27
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule S - Part 1 - Section 2	30
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22	Schedule S - Part 2	31
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23	Schedule S - Part 3 - Section 2	32
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23	Schedule S - Part 4	33
Exhibit 8 - Furniture, Equipment and Supplies Owned	24	Schedule S - Part 5	34
Exhibit of Capital Gains (Losses)	15	Schedule S - Part 6	35
Exhibit of Net Investment Income	15	Schedule T - Part 2 - Interstate Compact	37
Exhibit of Nonadmitted Assets	16	Schedule T - Premiums and Other Considerations	36
Exhibit of Premiums, Enrollment and Utilization (State Page)	29	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Five-Year Historical Data	28	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	39
General Interrogatories	26	Statement of Revenue and Expenses	4
Jurat Page	1	Summary Investment Schedule	SI01
Liabilities, Capital and Surplus	3	Supplemental Exhibits and Schedules Interrogatories	40
Notes To Financial Statements	25	Underwriting and Investment Exhibit - Part 1	8
Overflow Page For Write-ins	41	Underwriting and Investment Exhibit - Part 2	9
Schedule A - Part 1	E01	Underwriting and Investment Exhibit - Part 2A	10
Schedule A - Part 2	E02	Underwriting and Investment Exhibit - Part 2B	11
Schedule A - Part 3	E03	Underwriting and Investment Exhibit - Part 2C	12
Schedule A - Verification Between Years	SI02	Underwriting and Investment Exhibit - Part 2D	13
Schedule B - Part 1	E04	Underwriting and Investment Exhibit - Part 3	14
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary by Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI11		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E18		
Schedule DB - Part A - Section 3	E19		
Schedule DB - Part A - Verification Between Years	SI12		
Schedule DB - Part B - Section 1	E19		
Schedule DB - Part B - Section 2	E20		
Schedule DB - Part B - Section 3	E20		
Schedule DB - Part B - Verification Between Years	SI12		
Schedule DB - Part C - Section 1	E21		
Schedule DB - Part C - Section 2	E21		
Schedule DB - Part C - Section 3	E22		
Schedule DB - Part C - Verification Between Years	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Part D - Section 3	E23		
Schedule DB - Part D - Verification Between Years	SI13		
Schedule DB - Part E - Section 1	E24		